

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Service Provider Name
Grafton Telephone Company

Company Address, City, State, Zip

119 E. Main St.
Grafton, IL 62037

Service Provider Type Wireless ☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name
Mike Arnold

Contact Tel #
618-786-3311

Fax #
618-786-3891

E-mail Address
Arnoldm@gtec.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Jersey County, Illinois

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
No yet specified by the County

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Represented at a statewide meeting of the carriers and the counties sponsored by the Illinois Commerce Commission to review the statutory requirements. This meeting was held on March 5, 2002.

The Illinois Telecommunications subcommittee has prepared a preliminary guide for the counties and carriers for meeting the requirements of the Nationwide "911" service.

Translations and other work cannot be completed until a location to deliver the calls has been established by the county.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

The transition will be completed on or before 9-2-02 unless a waiver is granted.

Section 3**911 Implementation Problems**

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

The counties have not designated an answering point location and there is no statewide answering point. Who will pay the costs related to establishing the service and the related toll charges have not been determined.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

See items above.

Section 4**Certification - To be signed by an authorized representative of the reporting entity**

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Charles A. Watts
Communications Engineers, Inc.

Charles A. Watts

Printed name of authorized representative

Engineer Title
3 - 11 - 02 Date
This filing is: <input checked="" type="checkbox"/> original filing <input type="checkbox"/> revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.
